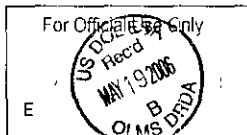


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



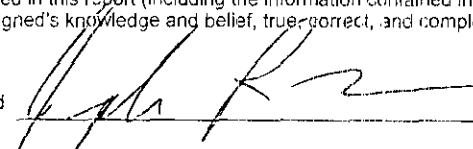
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text" value="13061"/>	2. Fiscal Year Covered From: <input type="text" value="1"/> / <input type="text" value="1"/> / <input type="text" value="2005"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2005"/>
3. Name and address of person filing. Name <input type="text" value="Joseph"/> <input type="text" value="Ramaglia"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="18 Booth Drive"/> City <input type="text" value="Campbell Hall"/> State <input type="text" value="New York"/> ZIP Code + 4 <input type="text" value="10916"/>	4. Name, file number, and address of labor organization. Name <input type="text" value="I.U.F.A.W. District Council No. 9 AFL-CIO"/> Labor Organization File Number <input type="text" value="006-770"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text" value="45 West 34th Street"/> City <input type="text" value="New York"/> State <input type="text" value="New York"/> ZIP Code + 4 <input type="text" value="10011-7419"/>
5. Position in labor organization. <input type="text" value="President"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text" value="None"/> 7.b. Amount. <input type="text" value="\$0"/>

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed 	On <input type="text"/> Date <input type="text" value="(212) 255-2950"/> Telephone Number

Name of Person Filing Joseph Ramaglia	File Number U- 13061
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Union Labor Life Insurance Company  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any:   
Street 451 Park Avenue South  
City New York  
State New York ZIP Code + 4 10016

9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Structural Steel & Bridge Painters of NY  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any:   
Street 40 West 27th Street  
City New York  
State New York ZIP Code + 4 10001

11.a. Nature of such dealing.

Amounts paid to insurance carrier providing health insurance benefits for the calendar year 2005.

11.b. Approximate dollar value of such dealing.

\$8,410,592

12.a. Nature of interest held or income received.

Meeting with insurance company representative to discuss claim issues and resolutions.

12.b. Amount.

\$105

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any:   
Street   
City   
State   
ZIP Code + 4

14.a. Nature of payment.

None.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$0

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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P.O. Box, Bldg., Room No., if any

Street 451 Park Avenue South

City New York

State New York ZIP Code + 4 10016

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Structural Steel &amp; Bridge Painters of NY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 40 West 27th Street

City New York

State New York ZIP Code + 4 10001

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 11.a. Nature of such dealing.

Amounts paid to insurance carrier providing health insurance benefits for the calendar year 2005.

## 11.b. Approximate dollar value of such dealing.

\$8,410,592

## 12.a. Nature of interest held or income received.

Meeting with insurance company representative to discuss claim issues and resolutions.

## 12.b. Amount.

\$4

Name of Person Filing Joseph Ramaglia	File Number U- 13061
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Union Labor Life Insurance Company</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 451 Park Avenue South</p> <p>City New York</p> <p>State New York ZIP Code + 4 10016</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Structural Steel &amp; Bridge Painters of NY</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 40 West 27th Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10001</p>	<p>11.a. Nature of such dealing.</p> <p>Amounts paid to insurance carrier providing health insurance benefits for the calendar year 2005.</p> <p>11.b. Approximate dollar value of such dealing. \$8,410,592</p> <p>12.a. Nature of interest held or income received.</p> <p>Meeting with insurance company representative to discuss claim issues and resolutions.</p> <p>12.b. Amount. \$4</p>

Name of Person Filing Joseph Ramaglia

File Number U- 13061

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Union Labor Life Insurance Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 451 Park Avenue South

City New York

State New York ZIP Code + 4 10016

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Structural Steel &amp; Bridge Painters of NY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 40 West 27th Street

City New York

State New York ZIP Code + 4 10001

## 11.a. Nature of such dealing.

Amounts paid to insurance carrier providing health insurance benefits for the calendar year 2005.

## 11.b. Approximate dollar value of such dealing.

\$8,410,592

## 12.a. Nature of interest held or income received.

Meeting with insurance company representative to discuss claim issues and resolutions.

## 12.b. Amount.

\$100

Name of Person Filing Joseph Ramaglia

File Number U- 13061

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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Name Structural Steel &amp; Bridge Painters of NY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 40 West 27th Street

City New York

State New York ZIP Code + 4 10001

## 11.a. Nature of such dealing.

Amounts paid to insurance carrier providing health insurance benefits for the calendar year 2005.

## 11.b. Approximate dollar value of such dealing.

\$8,410,592

## 12.a. Nature of interest held or income received.

Meeting with insurance company representative to discuss claim issues and resolutions.

## 12.b. Amount.

\$58

Name of Person Filing Joseph Ramaglia

File Number U- 13061

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 11.a. Nature of such dealing.

Amounts paid to insurance carrier providing health insurance benefits for the calendar year 2005.

## 11.b. Approximate dollar value of such dealing.

\$8,410,592

## 12.a. Nature of interest held or income received.

Meeting with insurance company representative to discuss claim issues and resolutions.

## 12.b. Amount.

\$17